

# Care Post-Roe: Documenting cases of poor-quality care since the *Dobbs* decision

Daniel Grossman, MD

November 2, 2024

RISE UP Conference

- Nothing to disclose

# *Medical Impact of Roe Reversal Goes Well Beyond Abortion Clinics, Doctors Say*

State abortion bans carry narrow but sometimes vague exceptions, and years of prison time. That's forcing doctors to think like lawyers, and hospitals to create new protocols.

## Research Letter

Maternal morbidity and fetal outcomes among pregnant women at 22 weeks' gestation or less with complications in 2 Texas hospitals after legislation on abortion

Nambiar, et al., AJOG 2022

CBS EVENING NEWS >

**Abortion bans restrict medications women need for chronic conditions**

## Confusion post-Roe spurs delays, denials for some lifesaving pregnancy care

Miscarriages, ectopic pregnancies and other common complications are now scrutinized, jeopardizing maternal health

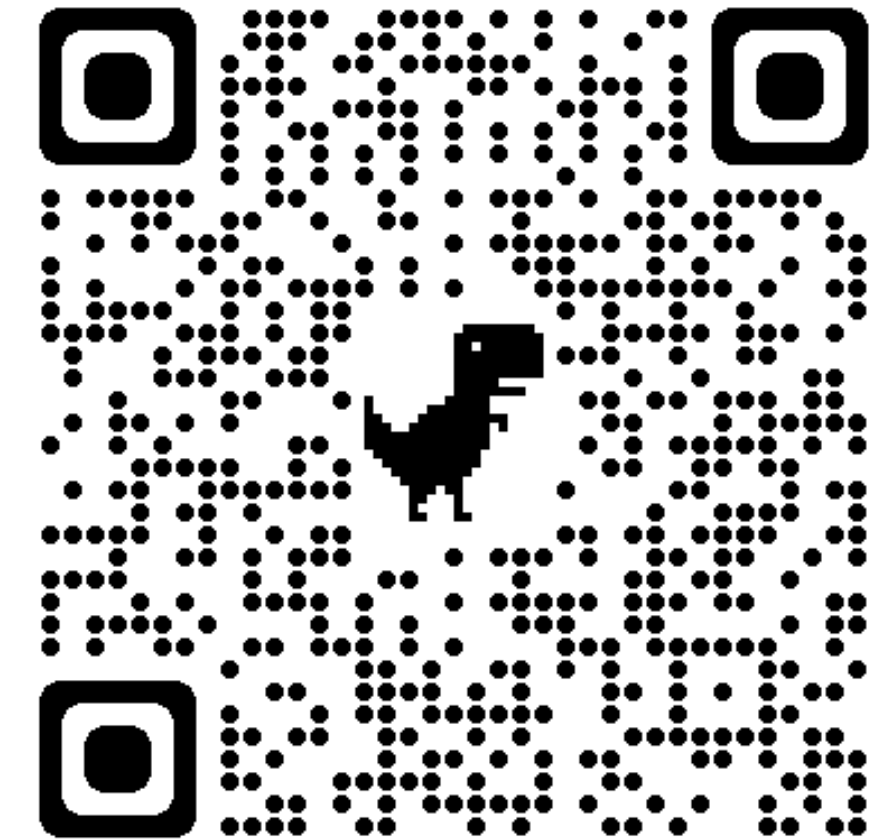
**Louisiana woman forced to carry fetus missing skull to term or travel to Florida for abortion**

A new Louisiana law has outlawed abortion with very few exceptions



## Care Post Roe

1 of 1







## State abortion bans are forcing doctors to provide substandard care - new study

Research group describes health workers waiting until patients 'on brink of death' before providing care

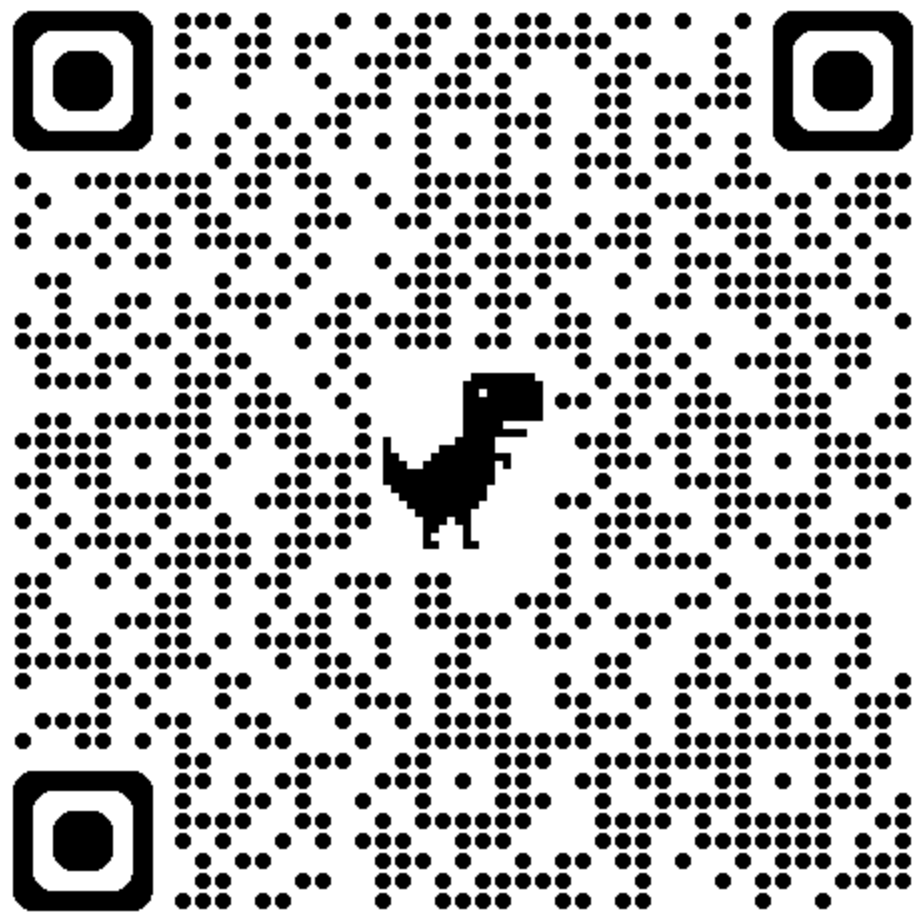
### Care Post-Roe: Documenting cases of poor-quality care since the *Dobbs* decision

September 2024

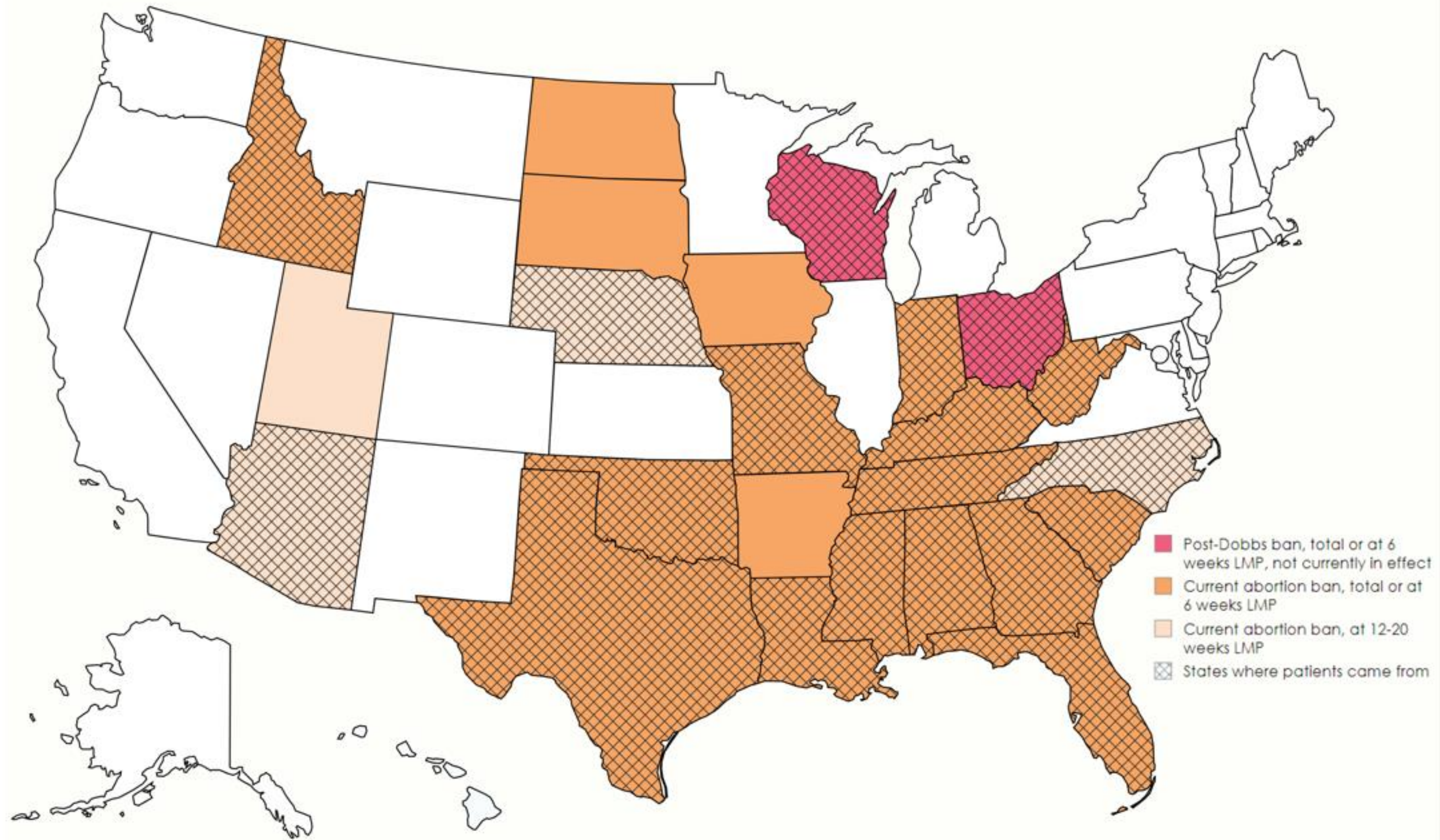
Report authors:  
Daniel Grossman, MD;<sup>1</sup> Carole Joffe, PhD;<sup>1</sup> Shelly Kaller, MPH;<sup>1</sup> Katrina Kimport, PhD;<sup>1</sup> Elizabeth T. Kinsey, MD;<sup>1</sup> Natalie Morris, MPH;<sup>1</sup> Kari White, PhD, MPH<sup>2</sup>

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Grossman D, Joffe C, Kaller S, Kimport K, Kinsey ET, Morris N, White K. Care Post-Roe: documenting cases of poor-quality care since the *Dobbs* decision. *Advancing New Standards in Reproductive Health (ANSIRH)*. University of California, San Francisco, 2024.



# States where patients came from in Care Post-Roe Study





# Scenarios described in narratives

- Obstetric complications in the second trimester prior to fetal viability (preterm prelabor rupture of membranes, hemorrhage, hypertension)
- Ectopic pregnancy, including cesarean scar ectopic
- Underlying medical conditions complicating care
- Fetal anomalies and other fetal compromise
- Miscarriage
- Extreme delays in obtaining abortion care
- Intersection with carceral system
- Difficulty obtaining post-abortion care
- Delays obtaining medical care unrelated to abortion

# Demographic profile of patients in narratives, N=86

Race/ethnicity	
Asian	4 (5%)
Black	20 (23%)
Latina/Latinx/Hispanic	16 (19%)
White	34 (40%)
Multiracial	3 (3%)
Missing/not known	9 (10%)
Primary language	
English	76 (88%)
Spanish	8 (9%)
Other (French)	1 (1%)
Missing/not known	1 (1%)



- Primarily qualitative: study describes the range of scenarios, but cannot estimate the incidence of these deviations from standard of care
- Scenarios focus on short-term effects; there are likely long-term effects that we cannot yet document (infertility, chronic pelvic pain, mental health, etc.)
- Relatively small sample and cannot draw conclusions about changes over time

- Study documents wide range of harm occurring among people with capacity for pregnancy related to new abortion bans—and these cases are continuing to occur more than 2 years since *Dobbs*
- Notable that almost half of cases involved patients described as Black or Latinx/Latine, suggesting disproportionate harm to BIPOC individuals
- Bans also having impact on providers, including moral distress due to feeling like they cannot provide evidence-based care
  - Some considering moving to state with legal abortion

# Thank you

Daniel Grossman, MD

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# Consequences of the End of Roe: Lessons from the Turnaway Study

Diana Greene Foster, PhD  
Professor, UCSF

RISEUP

November 2, 2024

# My pre-Dobbs estimate of the fraction of people who would not be able to get an abortion post-Dobbs

- Studies of financial barriers to abortion
    - **One quarter** of women who otherwise would have been able to get an abortion carried to term when Medicaid stopped covering abortion in their state (many studies)
  - Studies of travel barriers to abortion
    - **One quarter** of people may be unable to travel based on distance to the nearest abortion provider (Myers)
  - I now think that a very small fraction of people were not able to get an abortion
    - Birth rates in both protected and ban states have gone down, consistent with the increase in abortion counts (CDC data through June 2023)
- Are travel and cost the major barriers now?
- What about legal barriers, information barriers, stigma?

Slide 2

# Changes in access to abortion after Dobbs

End of Roe study at UCSF: 855 residents of 14 states with abortion bans at all gestations

- One quarter recruited before bans took effect
- Between 87-98% people seeking abortions after a ban got one
- For those who were able to get a formal sector abortion
  - Mean travel time to get to the clinic increased from <3 hours to more than 11 hours.
  - The proportion staying overnight increased from 5% to 58%.
  - Percentage reporting no out-of-pocket costs increased from 4% to 35%
  - Abortions were delayed by over a week (from 7.7 weeks to 8.9 weeks)
    - In first 6 months, delay by almost 3 weeks, now down to less than one



# Understanding the determination to get an abortion

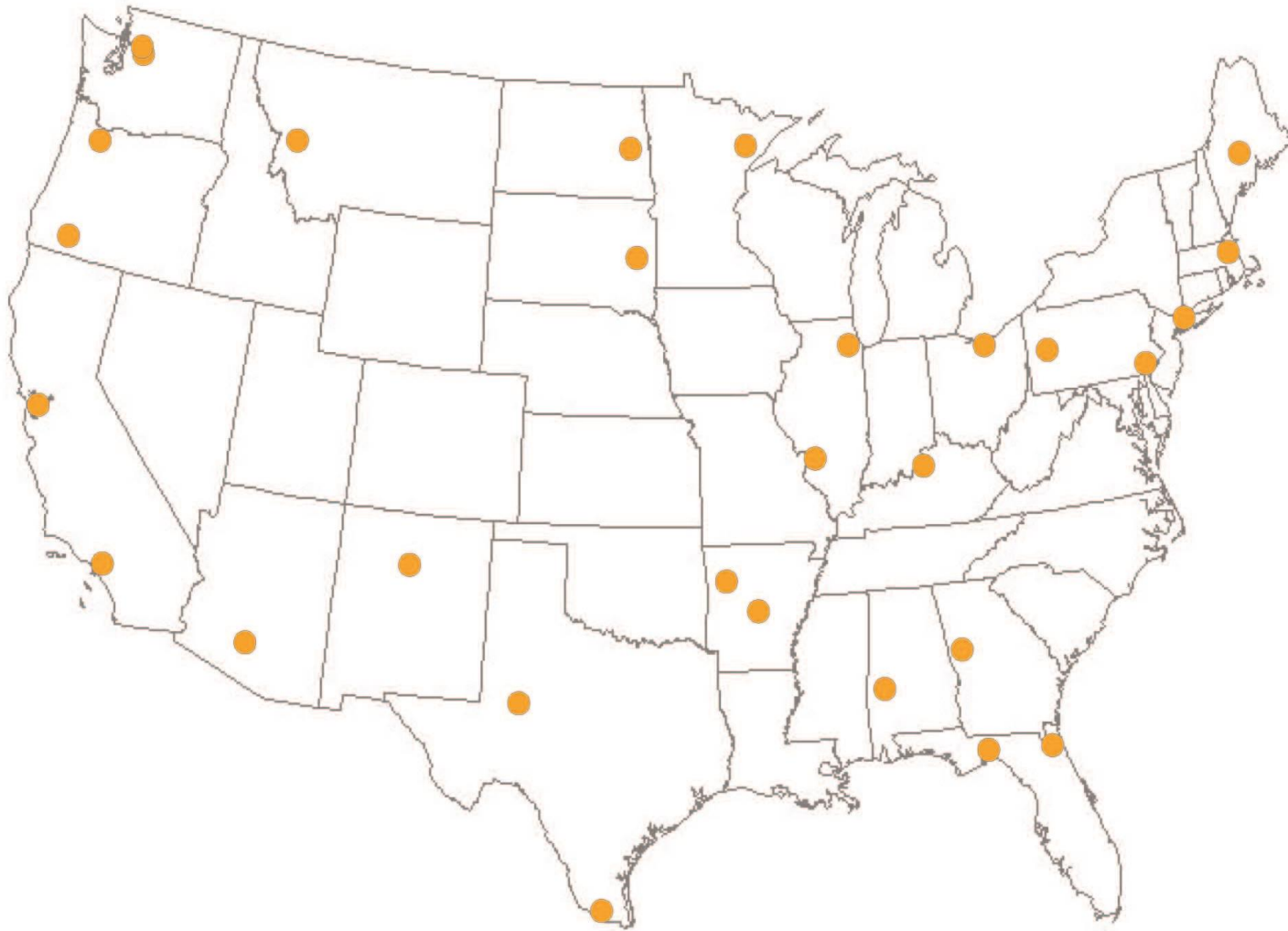
## UCSF Turnaway Study

Describes the mental health, physical health and socioeconomic consequences of receiving an abortion compared to carrying an unwanted pregnancy to term.

# Turnaway Study Design

- Recruited three types of women between 2008 and 2010
  - 1. Just a few weeks too late in pregnancy to get an abortion at that site
  - 2. Just a few weeks below the limit and got an abortion
  - 3. In the first trimester and got an abortion
- Interviewed almost a thousand women between 2008 and 2016
- Followed each woman for up to 5 years with semi-annual telephone surveys in English or Spanish.
- Eligibility criteria specified pregnant “women.” No trans men or non-binary people identified.

# Turnaway Study Recruitment Sites



Recruit from 30 abortion providers who have the latest gestational limit within 150 miles



# Findings from the Turnaway Study

- The Turnaway Study demonstrates the importance of access to abortion services on women's physical health, the wellbeing of their families and the trajectory of their lives.
- Among people who want to end their pregnancies, abortion is associated with improved
  - Physical health,
  - Financial security,
  - Aspirational plans,
  - Ability to take care of existing and future children.

Annotated bibliography:

[https://www.ansirh.org/research/brief/turnaway-study-](https://www.ansirh.org/research/brief/turnaway-study-annotated-bibliography)

[annotated-bibliography](https://www.ansirh.org/research/brief/turnaway-study-annotated-bibliography)

# My concerns about the future

- Unless there is sustained funding or increased information about informal sector abortion access, the least advantaged people will carry unwanted pregnancies to term.
- There is a particular threat from efforts to restrict medication abortion.
- People who are pregnant and don't want to be will face serious physical health risks
  - From unsafe abortion attempts and from carrying a pregnancy to term.
- Few people will place their children for adoption.
- More unwanted births now means fewer wanted births later.
- Those unable to get an abortion will experience economic hardship and curtailed life ambitions.
- More children will be raised in poverty and strain.

# Questions or Comments?

Diana Greene Foster, PhD

[diana.foster@ucsf.edu](mailto:diana.foster@ucsf.edu)



The background is a dense, colorful pattern of interlocking geometric shapes, primarily L-shaped and T-shaped blocks, in various shades of blue, green, purple, and brown. A large white circle is centered on the slide, containing the title and speaker information. To the left of the circle, there are several short, orange, dashed lines. To the right of the circle, there is a solid teal-colored circle.

# Abortion Training Post- Dobbs

Josephine Urbina, MD  
Complex Family Planning  
Assistant Professor, Obstetrics,  
Gynecology & Reproductive Sciences  
UCSF

# Disclosures

- None

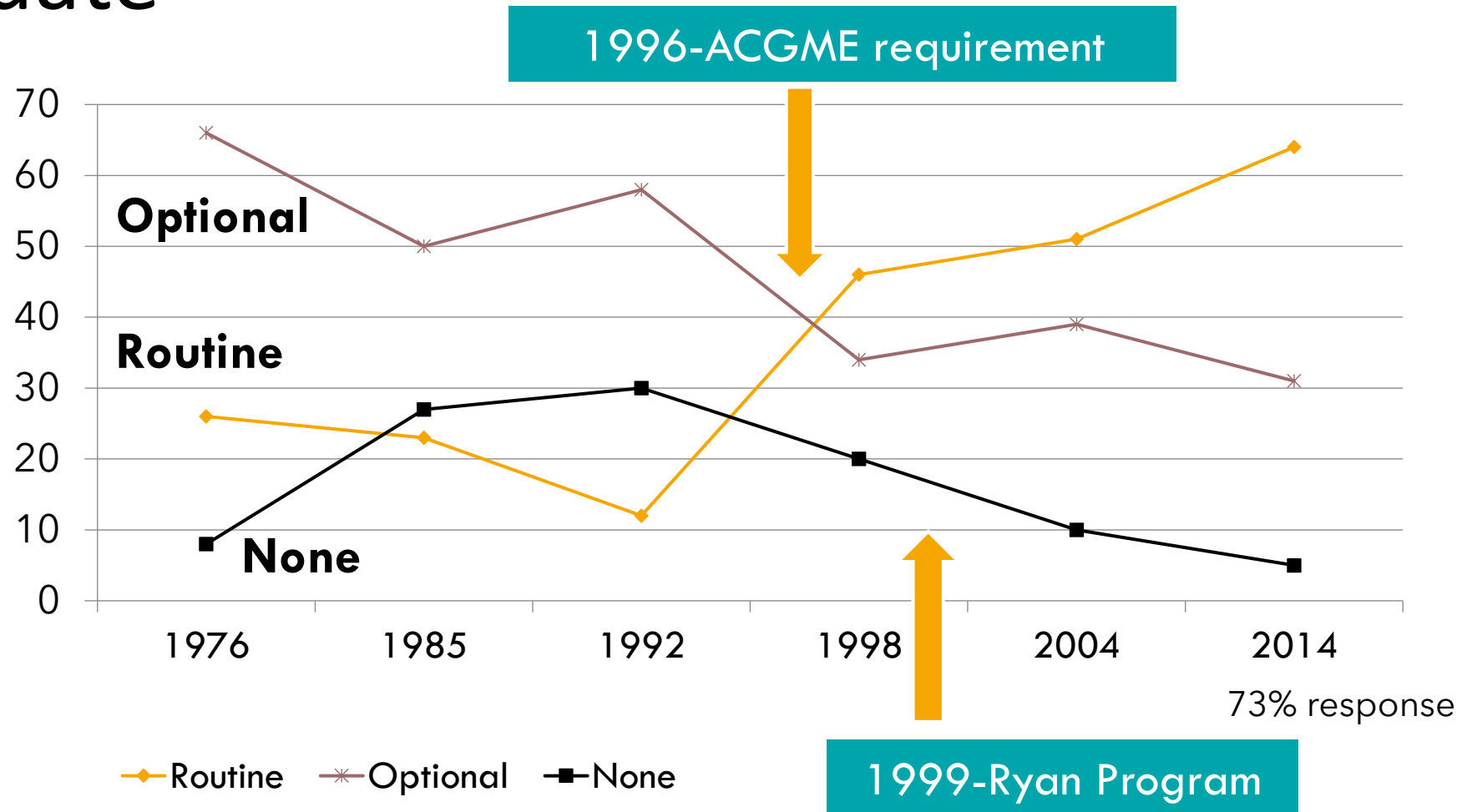


# ACGME and training

## **Obstetrics and Gynecology Program Requirement IV.A.2.d):**

No program or resident with a religious or moral objection shall be required to provide training in or to perform induced abortions. Otherwise, access to experience with induced abortion must be part of residency education. This education can be provided outside the institution. Experience with management of complications of abortion must be provided to all residents.

# Routine Training Increased after ACGME Mandate



# Ryan Program

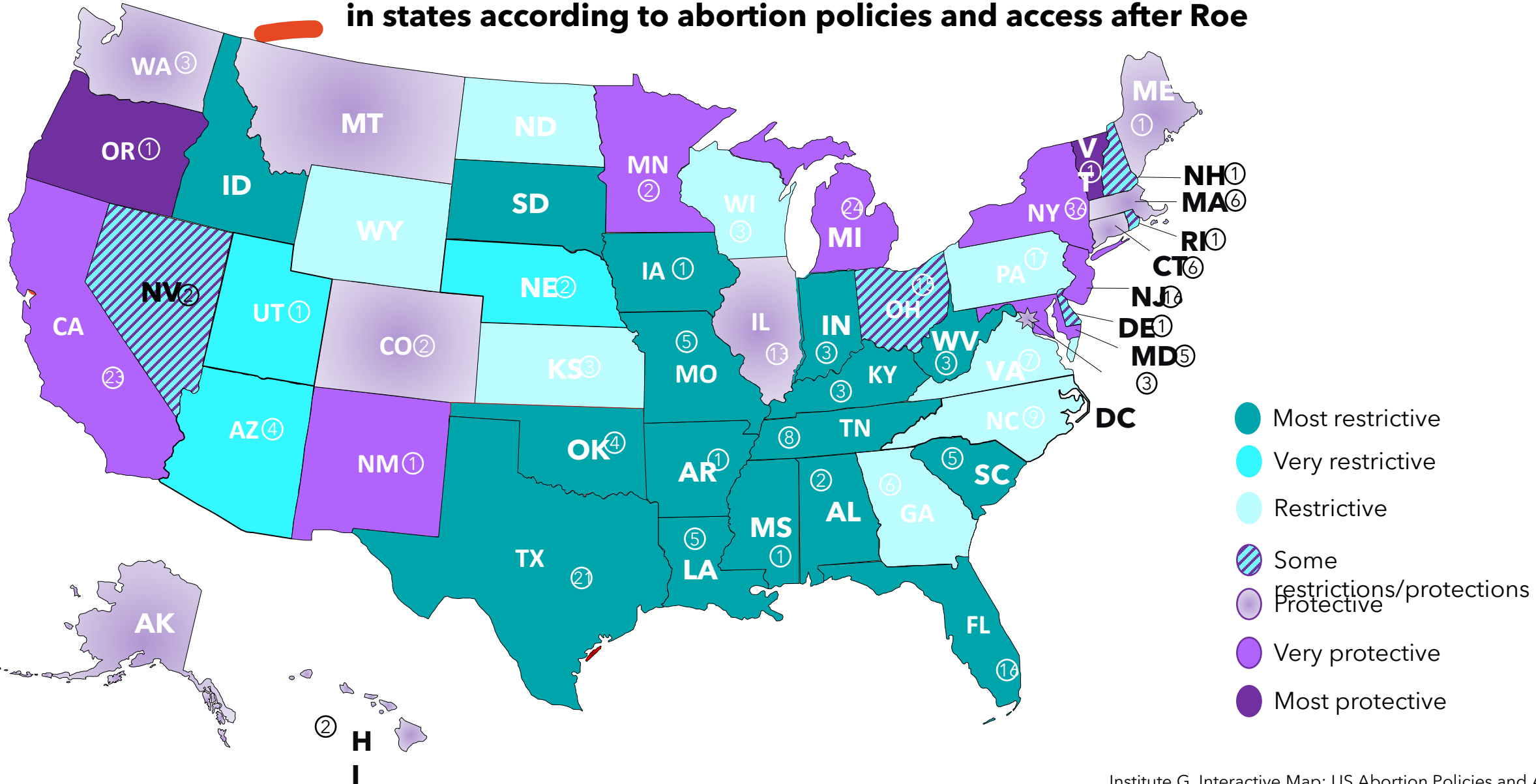
- **1999**: established by Dr. Uta Landy, PhD at UCSF to support ob-gyn depts to integrate family planning training
- Supported **107 US programs** (including 1 in Puerto Rico) and 2 in Canada to integrate training
  - **36%** of all US residency programs
  - **14,000** ob-gyns have been trained

## THE RYAN RESIDENCY TRAINING PROGRAM

is a national initiative to **integrate** and **enhance** family planning training for obstetrics and gynecology residents.

# Number of ACGME accredited obstetrics and gynecology residency programs

in states according to abortion policies and access after Roe



# Complex Family Planning Fellowship

- Develops OBGYN leaders in abortion and contraception through training in clinical care, research, and education.
- Founded in 1991 by Dr. Philip Darney
- Currently there are 29 ACGME accredited sites
- Over 400 OBGYNs and family physicians have graduated since its inception

**Complex Family Planning  
Fellowship**





# Medical Training Beyond Ob-gyn Residency

- Family Medicine
  - Within the scope of Family Medicine
  - 41 programs have opt-out training
  - TEACH
  - Reproductive Health and Advocacy Fellowship



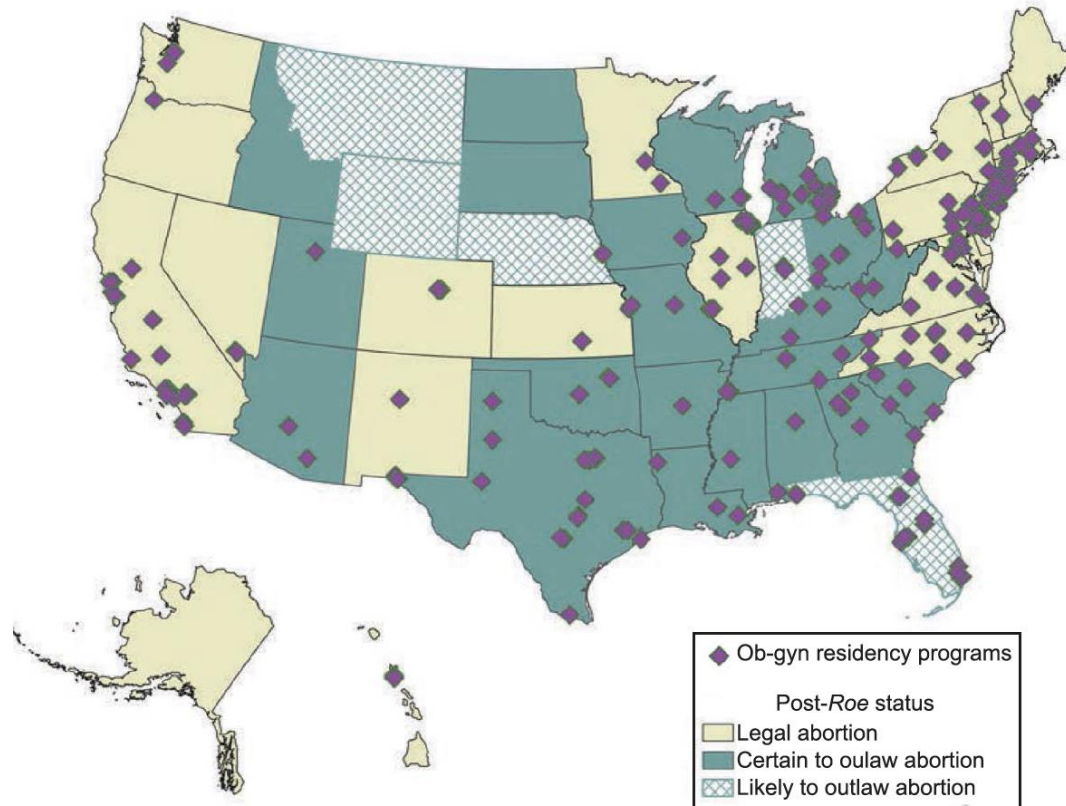
reproductive  
health  
access  
project



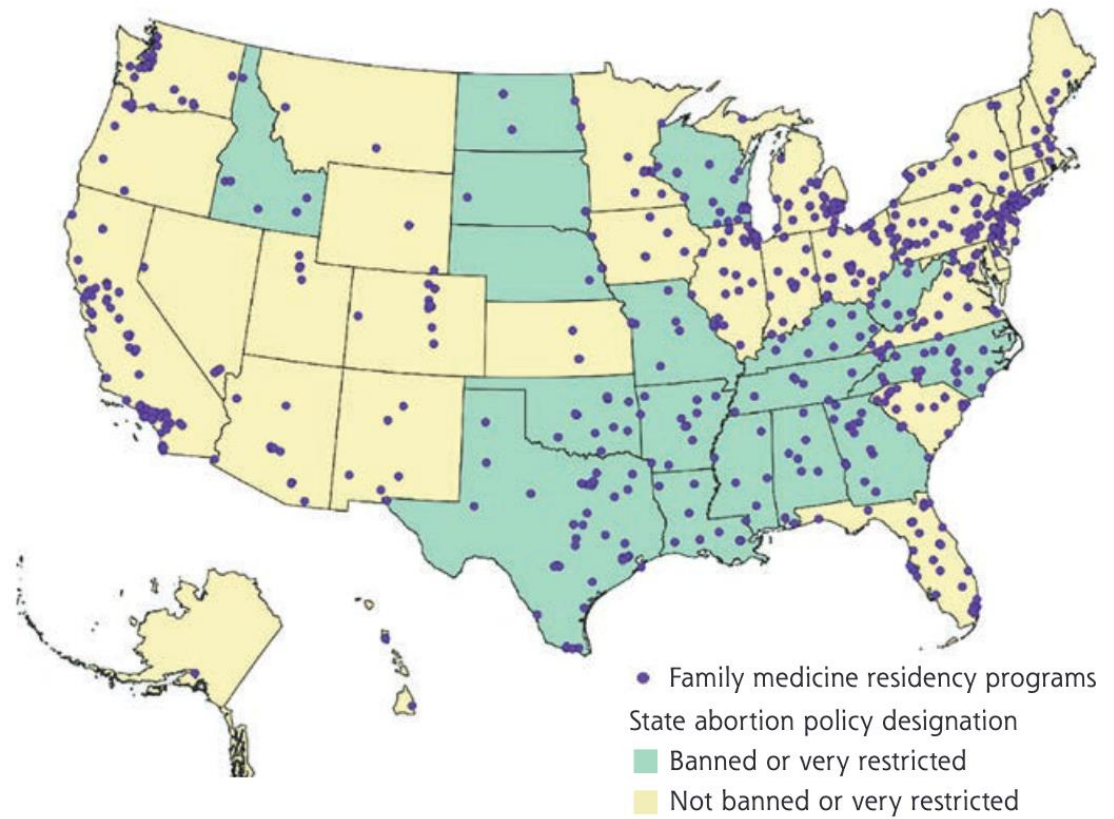
Training in Early Abortion for  
Comprehensive Healthcare

- Increasing training in Internal Medicine, Pediatrics, & Emergency Medicine
- Maternal Fetal Medicine

# Ob-Gyn Programs



# Family Medicine Programs



# Training Beyond Physicians

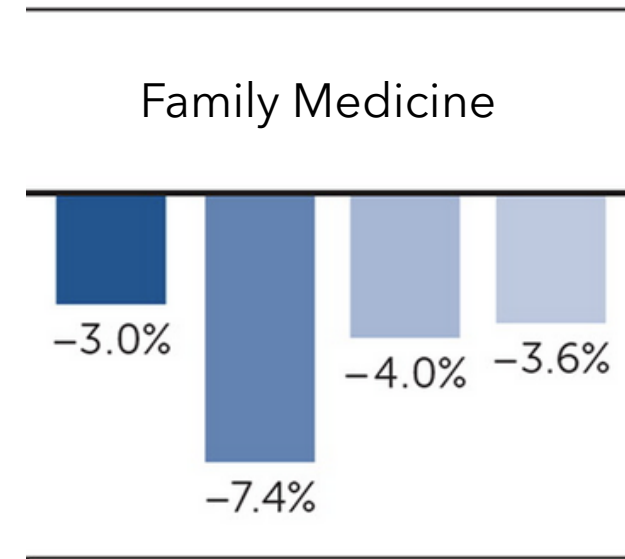
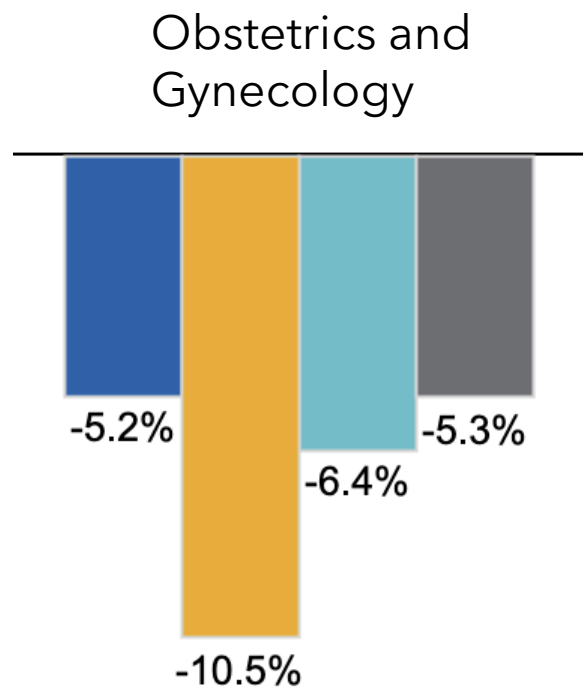
- Medical Assistants
- Nurses
- Pharmacists
- Public Health
- Advanced Practice Clinicians



Training in Early Abortion for  
Comprehensive Healthcare



# Impacts of Roe on Applications to Ob/gyn and Family Medicine Residency (2023)



■ All states ■ Abortion banned ■ Gestational limit ■ No abortion bans


■ All States ■ Abortion Banned ■ Gestational Limit ■ Abortion Legal



# Implications of the *Dobbs* Decision for Medical Education

## Inadequate Training and Moral Distress

Biftu Mengesha, MD, MAS<sup>1</sup>; Nikki Zite, MD, MPH<sup>2</sup>; Jody Steinauer, MD, PhD<sup>3</sup>

- Multiplied consequences for trainees – less training, increased moral distress
  - Implications for professional identity formation, wellbeing, career longevity
  - High likelihood of structural distress with exacerbation of abortion and pregnancy-related inequities for marginalized communities
- 



# Post-Residency Practice

- Mixed methods study of 349 final-year ob-gyn residents in Spring of 2023
- 18% had changed their planned state of practice after *Dobbs*
- Of those who changed:
  - 78% had intended to practice in a restrictive state
  - 22% in a protected state

GYNECOLOGY: ORIGINAL RESEARCH

## **Effects of the *Dobbs v Jackson Women's Health Organization* Decision on Obstetrics and Gynecology Graduating Residents' Practice Plans**

Woodcock, Alexandra L. MD; Carter, Gentry MS; Baayd, Jami MsPH; Turok, David K. MD, MPH; Turk, Jema PhD, MA; Sanders, Jessica N. PhD; Pangasa, Misha MD; Gawron, Lori M. MD, MPH; Kaiser, Jennifer E. MD, MSCI

Woodcock, et al. Ob Gyn, 2023.

# Out-of-State Travel

- Post-SB8 Texas Travel then post-*Dobbs*
- Permanent partnerships
- 16 partnerships and > 100 residents so far



## Common Procedures for Out-Of-State Rotations

Below is a summary of common requirements and steps to establish an out-of-state rotation for your residents. Before starting the process first **consult your GME office** for exact instructions, procedures, and paperwork for away rotations. Both the host institution and the home institution will each have their own set of processes for accepting out-of-state residents/sending residents out-of-state.

### Timeline

All contracts and agreements and state training licenses must be finalized before the first resident rotates at the away location. We suggest you start the process no less than 5-6 months before you would like your first resident to rotate.

### Resident Salary and Liability

All host institutions require that the home institution continue to cover salary, benefits, and liability for all visiting residents.

### Required Contracts

*Program Letter of Affiliation (PLA) or Training Affiliation Agreement (TAA)*

These are agreements between the host institution and the home institution. They articulate the expectations, responsibilities, and liabilities of each entity for teaching and patient care activities. The topic areas covered typically include insurance, indemnification, and personnel expenses.

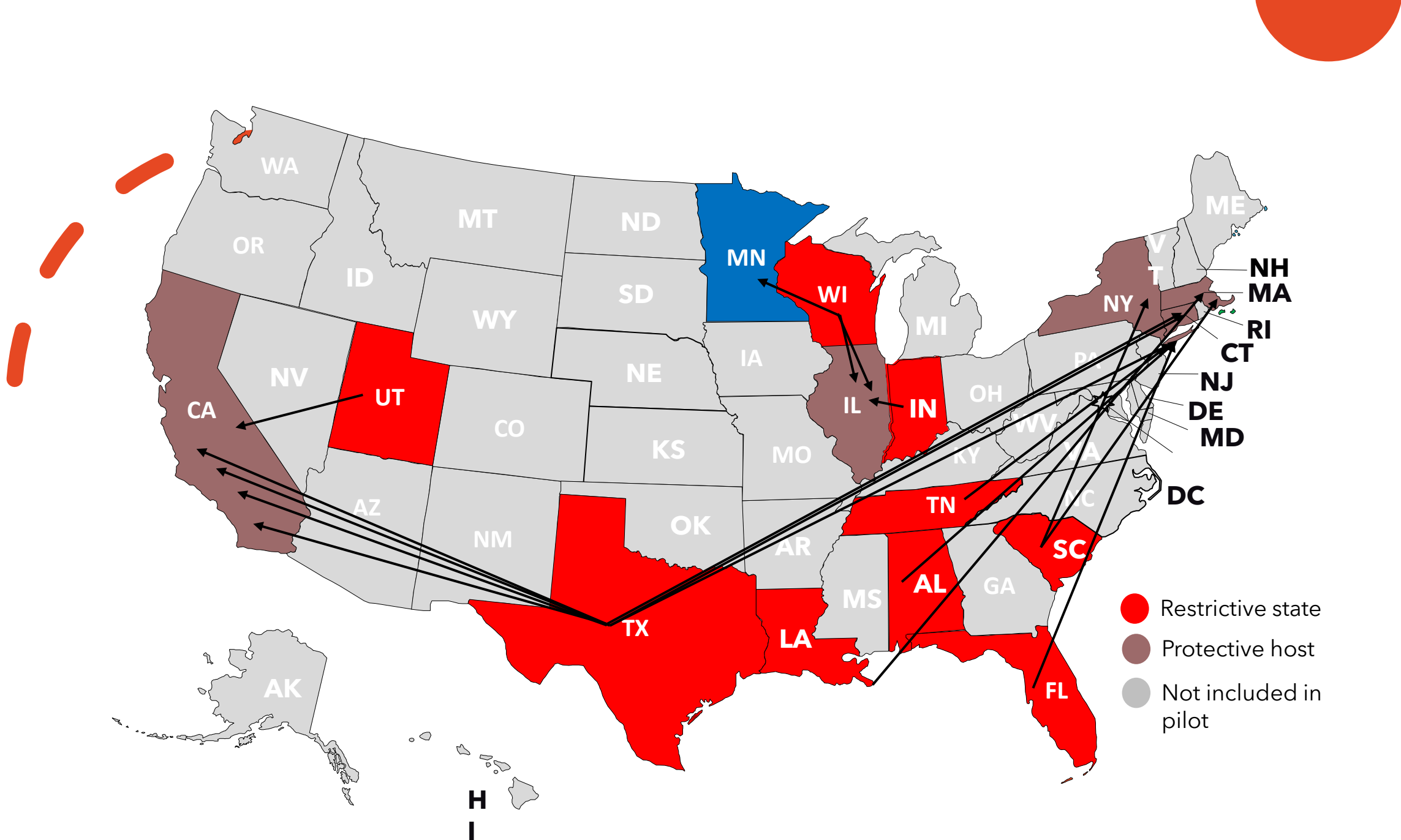
- A PLA is typically used for individual trainees or short-term training agreements between institutions. They usually cannot be renewed and a new agreement must be set up after the PLA expires. A sample PLA can be [found here](#).
- TAA is typically used for long-term training relationships between institutions, up to 5 years and can be renewed.

### *Program Letter of Agreement (PLA)*

A PLA is a document that addresses the GME responsibilities between a program and a host site. PLAs provide details on faculty, supervision, evaluation, educational content, length of rotation, and policies and procedures for the rotation.

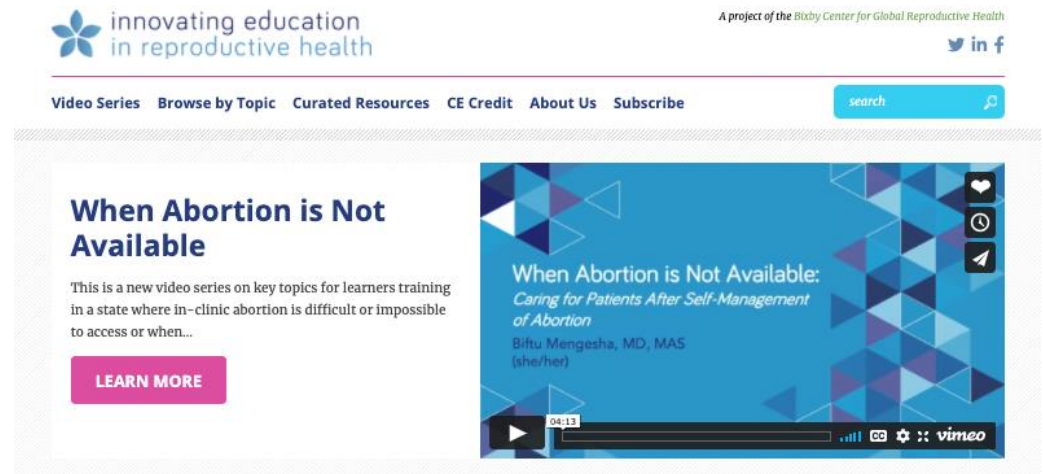
For more information on PLAs the ACGME has a [detailed FAQ guidance document](#).

We have created a template Learning Objectives/Educational Content for sites to use and modify as needed. See *Appendix A*, page 3.



# Standardized Curricula

- Develop comprehensive, standardized curricula
- Integrate simulation to increase competence
- National collaboration to require both in ob-gyn



www.innovating-education.org

# Patient-Centered Abortion Care Education (PACE) Curriculum



## PACE: Patient-centered Abortion Care Education



THE KENNETH J. RYAN RESIDENCY TRAINING PROGRAM  
IN ABORTION & FAMILY PLANNING

### Overview

Pre-Assessment

Module 1: General Principles of  
Abortion Care in Its Multiple Contexts ▶

Module 2: Best Practices in  
Nonjudgmental, Patient-Centered  
Pregnancy Options and Abortion  
Counseling ▶

Module 3: Provision of Safe, High  
Quality Abortion Care ▶

Module 4: Patient-Centered Early  
Pregnancy Loss Care ▶

Part 2: Preparation for In-Person  
Abortion Simulation Workshop ▶

Post-Assessment



# Worse Health Outcomes and Racial Disparities

- Abortion bans lead to increased maternal morbidity and mortality

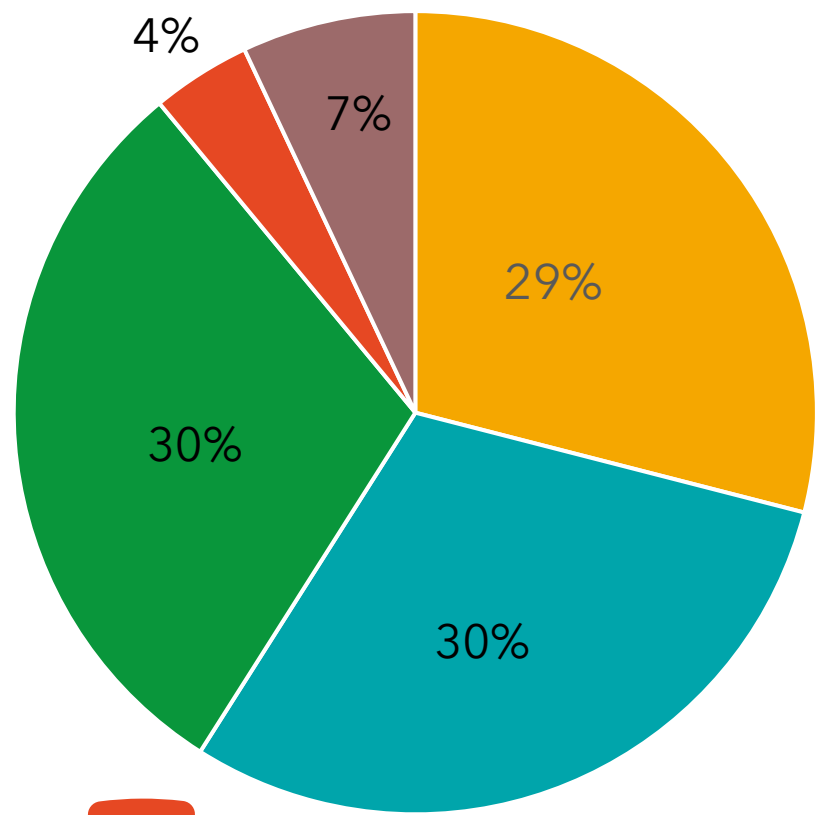


**Abortion  
restrictions affect  
everyone, but  
especially  
marginalized  
communities**

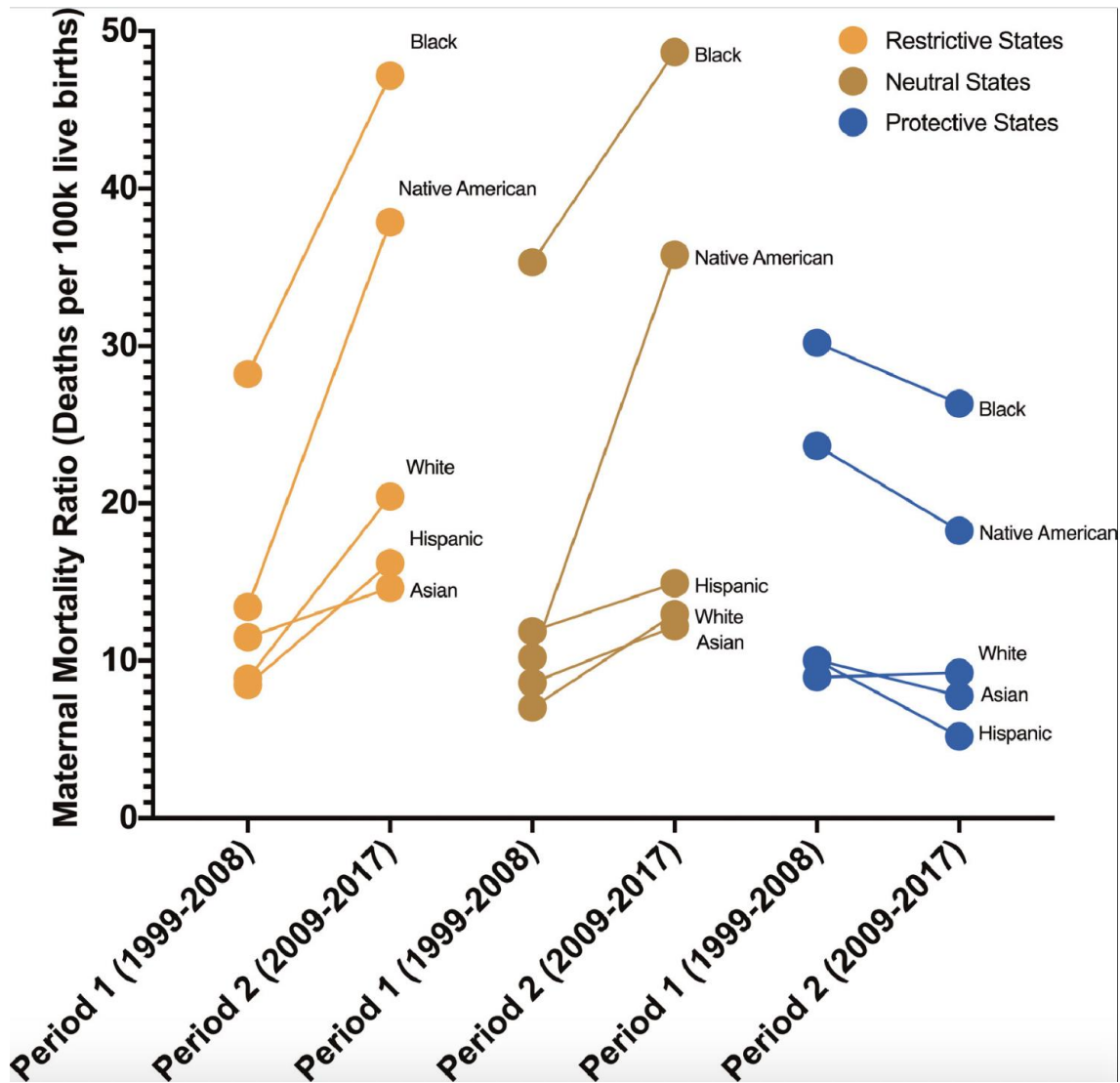


# Racialized impacts of abortion bans

Abortions by Race/Ethnicity, 2024



Black Latinx White Asian Other





# November 2<sup>nd</sup>: Dia de Los Muertos



Candi Miller



Amber Thurman



Josseli Barnica



Nevaeh Crain

These women should be alive today

They died because  
of abortion bans

